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|---|---|--|
| <b>TRANSMITTAL LETTER TO THE UNITED STATES<br/>DESIGNATED/ELECTED OFFICE (DO/EO/US)<br/>CONCERNING A SUBMISSION UNDER 35 U.S.C. 371</b>   |   | <b>ATTORNEY'S DOCKET NUMBER</b><br>199372005400  |
| INTERNATIONAL APPLICATION NO.<br>PCT/JP03/08048   | INTERNATIONAL FILING DATE<br>25 June 2003 | U.S. APPLICATION NO. (If known see 37 CFR 1.5)<br><b>107519126</b><br>Not yet assigned |
| TITLE OF INVENTION      SUBSTRATE PROCESSING SYSTEM   |   |  |
| APPLICANT(S) FOR DO/EO/US      Norihiro ITO, Hiroaki KAWAGUCHI, and Yasuhiro CHOONO   |   |  |
| Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:   |   |  |
| <p>1. <input checked="" type="checkbox"/> This is a <b>FIRST</b> submission of items concerning a submission under 35 U.S.C. 371.</p> <p>2. <input type="checkbox"/> This is a <b>SECOND</b> or <b>SUBSEQUENT</b> submission of items concerning a submission under 35 U.S.C. 371.</p> <p>3. <input type="checkbox"/> This is an express request to begin national examination procedures (35 U.S.C. 371 (f)). The submission must include items (5), (6), (9) and (21) indicated below.</p> <p>4. <input type="checkbox"/> The US has been elected (Article 31).</p> <p>5. <input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371 (c)(2))           <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> is attached hereto (required only if not communicated by the International Bureau).</li> <li>b. <input checked="" type="checkbox"/> has been communicated by the International Bureau.</li> <li>c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US).</li> </ul> </p> <p>6. <input type="checkbox"/> An English language translation of the International Application as filed (35 U.S.C. 371 (c)(2)).           <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> is attached hereto.</li> <li>b. <input type="checkbox"/> has been previously submitted under 35 U.S.C. 154(d)(4).</li> </ul> </p> <p>7. <input checked="" type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371 (c)(3))           <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> are attached hereto (required only if not communicated by the International Bureau).</li> <li>b. <input type="checkbox"/> have been communicated by the International Bureau.</li> <li>c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired.</li> <li>d. <input checked="" type="checkbox"/> have not been made and will not be made.</li> </ul> </p> <p>8. <input type="checkbox"/> An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371 (c)(3)).</p> <p>9. <input type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371 (c)(4)).</p> <p>10. <input type="checkbox"/> An English language translation of the annexes to the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371 (c)(5)).</p> |   |  |
| Items 11 to 20 below concern document(s) or information included:   |   |  |
| <p>11. <input checked="" type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98.</p> <p>12. <input type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.</p> <p>13. <input type="checkbox"/> A preliminary amendment.</p> <p>14. <input checked="" type="checkbox"/> An Application Data Sheet under 37 CFR 1.76.</p> <p>15. <input type="checkbox"/> A substitute specification.</p> <p>16. <input type="checkbox"/> A power of attorney and/or change of address letter.</p> <p>17. <input type="checkbox"/> A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 CFR 1.821 - 1.825.</p> <p>18. <input type="checkbox"/> A second copy of the published International Application under 35 U.S.C. 154(d)(4).</p> <p>19. <input type="checkbox"/> A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4).</p> <p>20. <input checked="" type="checkbox"/> Other items or information: Formal drawings, copy of International Preliminary Examination Report (English), 10 JP publications, copy of English translation of International Search Report</p>  |   |  |

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|  |                             |   |  |                                     |                             |                       |             |                                     |                          |          |         |                                     |                     |          |          |  |  |                  |    |                                      |  |  |                  |
|--|-----------------------------|---|--|-------------------------------------|-----------------------------|-----------------------|-------------|-------------------------------------|--------------------------|----------|---------|-------------------------------------|---------------------|----------|----------|--|--|------------------|----|--------------------------------------|--|--|------------------|
| U.S. APPLICATION NO. (known, see 37 CFR 1.5) <b>301519120</b><br>Net yet Assigned  |                             | INTERNATIONAL APPLICATION NO.<br>PCT/JP03/08048                               | ATTORNEY'S DOCKET NUMBER<br>199372005400 |                                     |                             |                       |             |                                     |                          |          |         |                                     |                     |          |          |  |  |                  |    |                                      |  |  |                  |
| 21. The following fees are submitted:  |                             |   |  |                                     |                             |                       |             |                                     |                          |          |         |                                     |                     |          |          |  |  |                  |    |                                      |  |  |                  |
| <table border="1"> <tr> <td><input checked="" type="checkbox"/></td> <td>a) Basic national fee .....</td> <td>\$300.00</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>b) Examination fee .....</td> <td>\$200.00</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>c) Search fee .....</td> <td>\$500.00</td> <td></td> </tr> <tr> <td colspan="2"><b>TOTAL OF ABOVE CALCULATIONS =</b></td> <td><b>\$1000.00</b></td> <td></td> </tr> </table>                                 |                             |   |  | <input checked="" type="checkbox"/> | a) Basic national fee ..... | \$300.00              |             | <input checked="" type="checkbox"/> | b) Examination fee ..... | \$200.00 |         | <input checked="" type="checkbox"/> | c) Search fee ..... | \$500.00 |          | <b>TOTAL OF ABOVE CALCULATIONS =</b>               |  | <b>\$1000.00</b> |    |                                      |  |  |                  |
| <input checked="" type="checkbox"/>  | a) Basic national fee ..... | \$300.00  |  |                                     |                             |                       |             |                                     |                          |          |         |                                     |                     |          |          |  |  |                  |    |                                      |  |  |                  |
| <input checked="" type="checkbox"/>  | b) Examination fee .....    | \$200.00  |  |                                     |                             |                       |             |                                     |                          |          |         |                                     |                     |          |          |  |  |                  |    |                                      |  |  |                  |
| <input checked="" type="checkbox"/>  | c) Search fee .....         | \$500.00  |  |                                     |                             |                       |             |                                     |                          |          |         |                                     |                     |          |          |  |  |                  |    |                                      |  |  |                  |
| <b>TOTAL OF ABOVE CALCULATIONS =</b>   |                             | <b>\$1000.00</b>  |  |                                     |                             |                       |             |                                     |                          |          |         |                                     |                     |          |          |  |  |                  |    |                                      |  |  |                  |
| <input type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). The fee is \$250 for each additional 50 sheets of paper or fraction thereof.   |                             |   |  |                                     |                             |                       |             |                                     |                          |          |         |                                     |                     |          |          |  |  |                  |    |                                      |  |  |                  |
| Total Sheets   | Extra sheets                | Number of each additional 50 or fraction thereof (round up to a whole number) | RATE                                     |                                     |                             |                       |             |                                     |                          |          |         |                                     |                     |          |          |  |  |                  |    |                                      |  |  |                  |
| - 100 =  | /50 =                       |   | x \$250.00                               |                                     |                             |                       |             |                                     |                          |          |         |                                     |                     |          |          |  |  |                  |    |                                      |  |  |                  |
| Surcharge of \$130.00 for furnishing the oath or declaration later than 30 months from the earliest claimed priority date (37 CFR 1.492 (e)).  |                             |   |  |                                     |                             |                       |             |                                     |                          |          |         |                                     |                     |          |          |  |  |                  |    |                                      |  |  |                  |
| <table border="1"> <tr> <td><b>CLAIMS</b></td> <td><b>NUMBER FILED</b></td> <td><b>NUMBER EXTRA</b></td> <td><b>RATE</b></td> </tr> <tr> <td>Total claims</td> <td>16 - 20 =</td> <td>0</td> <td>x 50.00</td> </tr> <tr> <td>Independent claims</td> <td>1 - 3 =</td> <td>0</td> <td>x 200.00</td> </tr> <tr> <td colspan="2"><b>MULTIPLE DEPENDENT CLAIM(s) (if applicable)</b></td> <td>+</td> <td>\$</td> </tr> <tr> <td colspan="2"><b>TOTAL OF ABOVE CALCULATIONS =</b></td> <td></td> <td><b>\$ 130.00</b></td> </tr> </table> |                             |   |  | <b>CLAIMS</b>                       | <b>NUMBER FILED</b>         | <b>NUMBER EXTRA</b>   | <b>RATE</b> | Total claims                        | 16 - 20 =                | 0        | x 50.00 | Independent claims                  | 1 - 3 =             | 0        | x 200.00 | <b>MULTIPLE DEPENDENT CLAIM(s) (if applicable)</b> |  | +                | \$ | <b>TOTAL OF ABOVE CALCULATIONS =</b> |  |  | <b>\$ 130.00</b> |
| <b>CLAIMS</b>  | <b>NUMBER FILED</b>         | <b>NUMBER EXTRA</b>   | <b>RATE</b>                              |                                     |                             |                       |             |                                     |                          |          |         |                                     |                     |          |          |  |  |                  |    |                                      |  |  |                  |
| Total claims   | 16 - 20 =                   | 0   | x 50.00                                  |                                     |                             |                       |             |                                     |                          |          |         |                                     |                     |          |          |  |  |                  |    |                                      |  |  |                  |
| Independent claims   | 1 - 3 =                     | 0   | x 200.00                                 |                                     |                             |                       |             |                                     |                          |          |         |                                     |                     |          |          |  |  |                  |    |                                      |  |  |                  |
| <b>MULTIPLE DEPENDENT CLAIM(s) (if applicable)</b>   |                             | +   | \$                                       |                                     |                             |                       |             |                                     |                          |          |         |                                     |                     |          |          |  |  |                  |    |                                      |  |  |                  |
| <b>TOTAL OF ABOVE CALCULATIONS =</b>   |                             |   | <b>\$ 130.00</b>                         |                                     |                             |                       |             |                                     |                          |          |         |                                     |                     |          |          |  |  |                  |    |                                      |  |  |                  |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by ½.   |                             |   |  |                                     |                             |                       |             |                                     |                          |          |         |                                     |                     |          |          |  |  |                  |    |                                      |  |  |                  |
| <b>SUBTOTAL =</b> \$ 130.00  |                             |   |  |                                     |                             |                       |             |                                     |                          |          |         |                                     |                     |          |          |  |  |                  |    |                                      |  |  |                  |
| Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492 (f)).   |                             |   |  |                                     |                             |                       |             |                                     |                          |          |         |                                     |                     |          |          |  |  |                  |    |                                      |  |  |                  |
| <b>TOTAL NATIONAL FEE =</b> \$ 1260.00   |                             |   |  |                                     |                             |                       |             |                                     |                          |          |         |                                     |                     |          |          |  |  |                  |    |                                      |  |  |                  |
| Fee for recording the enclosed assignment (37 CFR 1.21 (h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property  |                             |   |  |                                     |                             |                       |             |                                     |                          |          |         |                                     |                     |          |          |  |  |                  |    |                                      |  |  |                  |
| <b>TOTAL FEES ENCLOSED =</b> \$ 1260.00  |                             |   |  |                                     |                             |                       |             |                                     |                          |          |         |                                     |                     |          |          |  |  |                  |    |                                      |  |  |                  |
| <table border="1"> <tr> <td>Amount to be refunded:</td> <td>\$</td> </tr> <tr> <td>Amount to be charged:</td> <td>\$</td> </tr> </table>   |                             |   |  | Amount to be refunded:              | \$                          | Amount to be charged: | \$          |                                     |                          |          |         |                                     |                     |          |          |  |  |                  |    |                                      |  |  |                  |
| Amount to be refunded:   | \$                          |   |  |                                     |                             |                       |             |                                     |                          |          |         |                                     |                     |          |          |  |  |                  |    |                                      |  |  |                  |
| Amount to be charged:  | \$                          |   |  |                                     |                             |                       |             |                                     |                          |          |         |                                     |                     |          |          |  |  |                  |    |                                      |  |  |                  |
| a. <input type="checkbox"/> A check in the amount of \$ _____ to cover the above fees is enclosed.   |                             |   |  |                                     |                             |                       |             |                                     |                          |          |         |                                     |                     |          |          |  |  |                  |    |                                      |  |  |                  |
| b. <input checked="" type="checkbox"/> Please charge my Deposit Account No. <u>03-1952</u> in the amount of \$ <u>1260.00</u> to cover the above fees. A duplicate copy of this sheet is enclosed.   |                             |   |  |                                     |                             |                       |             |                                     |                          |          |         |                                     |                     |          |          |  |  |                  |    |                                      |  |  |                  |
| c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>03-1952</u> . A duplicate copy of this sheet is enclosed.  |                             |   |  |                                     |                             |                       |             |                                     |                          |          |         |                                     |                     |          |          |  |  |                  |    |                                      |  |  |                  |
| d. <input type="checkbox"/> Fees are to be charged to a credit card. <b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.   |                             |   |  |                                     |                             |                       |             |                                     |                          |          |         |                                     |                     |          |          |  |  |                  |    |                                      |  |  |                  |
| NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137 (a) or (b)) must be filed and granted to restore the International Application to pending status.  |                             |   |  |                                     |                             |                       |             |                                     |                          |          |         |                                     |                     |          |          |  |  |                  |    |                                      |  |  |                  |
| SEND ALL CORRESPONDENCE TO:<br>David L. Fehrman, Esq.<br>MORRISON & FOERSTER LLP<br>555 W. Fifth Street, Suite 3500<br>Los Angeles, CA 90013   |                             |   |  |                                     |                             |                       |             |                                     |                          |          |         |                                     |                     |          |          |  |  |                  |    |                                      |  |  |                  |
| SIGNATURE: <u>David L. Fehrman</u><br>NAME: <u>David L. Fehrman</u>  |                             |   |  |                                     |                             |                       |             |                                     |                          |          |         |                                     |                     |          |          |  |  |                  |    |                                      |  |  |                  |
| CUSTOMER NUMBER: 25224<br>REGISTRATION NUMBER: 28,600  |                             |   |  |                                     |                             |                       |             |                                     |                          |          |         |                                     |                     |          |          |  |  |                  |    |                                      |  |  |                  |

10/519126

DT01 Rec'd PCT/PT 22 DEC 2004

Application No. (if known):

Attorney Docket No.: 199372005425

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\_\_\_\_\_  
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Telephone Number

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Transmittal Letter to the United States Designated-Elected Office (2 pages)

Information disclosure statement with Form PTO SB/08/a/b and 10 publications

Application data sheet;

Copy of International Preliminary Examination Report

copy of English translation of International Search Report